

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	<i>[Signature]</i>		02/15/00
O.I.P.E. CLASSIFIER		16	3100
FORMALITY REVIEW			
RESPONSE FORMALITY REVIEW	<i>[Signature]</i>	59222	3-87-00

INDEX OF CLAIMS

✓ Rejected N Non-elected
 = Allowed I Interference
 - (Through numeral) ... Canceled A Appeal
 + Restricted O Objected

Claim	Date
Final	
Original	
1	7/12/00
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Claim	Date
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Claim	Date
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BEST AVAILABLE COPY

If more than 150 claims or 10 actions
staple additional sheet here

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Index of Claims



Application No.

09/498,701

Examiner

Rita J. Desai

Applicant(s)

TROST ET AL.

Art Unit

1625

✓	Rejected
=	Allowed

—	(Through numeral) Cancelled
÷	Restricted

N	Non-Elected
I	Interference

A	Appeal
O	Objected

Claim		Date	
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